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**APPLICANTS**

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\*\* CONTINUING DATA \*\*\*\*\* *NONE*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

09/03/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>df</i>				

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**TITLE**

Topical anesthetic composition and method of administration

<b>FILING FEE RECEIVED</b> 1036	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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